

South Birmingham GP Walk-in Centre

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the South Birmingham GP Walk-in Centre on 28 March 2017. Overall the service is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The service had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.

- Patients told us they were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The service proactively sought feedback from staff and patients, which it acted on.

The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the service complied with these requirements.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The service is rated as good for providing safe services.

Good



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the service. When things went wrong patients were informed as soon as practicable, received reasonable support, information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The service had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- There were arrangements for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The service had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The service is rated as good for providing effective services.

Good



- Staff demonstrated they were aware of relevant and current evidence based guidance and standards.
- Performance management, quality monitoring and audits demonstrated improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The service is rated as good for providing caring services.

Good



- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The service is rated as good for providing responsive services.

Good



- Patients could access the service between 8am and 8pm 365 days a year, including public holidays. The service was available to any patient entitled to receive NHS treatment in the UK.
- The service had a triage process whereby patients were seen according to clinical need, and not just arrival time. This included when patient presentation was observed by staff to be deteriorating.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain or provide feedback was available. Evidence from 24 examples showed the service responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The service is rated as good for being well-led.

Good



- The service had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the service's objectives and their responsibilities in relation to them.
- There was a clear leadership structure and staff felt supported by management. The service had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Employed staff had received inductions, annual performance reviews and regularly attended staff meetings and training opportunities. There were processes to manage, train and monitor the performance of sessional staff.
- The provider was aware of the requirements of the duty of candour. We saw evidence the service complied with these requirements.

Summary of findings

- The managers encouraged a culture of openness and honesty. The service had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The service proactively sought feedback from staff and patients and we saw examples where feedback had been acted on.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.

Summary of findings

What people who use the service say

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received two comment cards which were both positive about the standard of care received. Both cards included comments about the helpful and efficient service received and the cleanliness of the service.

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they

received and thought staff were approachable, committed and caring. Six patients highlighted to us they felt the service was efficient and they were pleased with how quickly they were seen. The 70 reviews of the service that were currently on the NHS Choices website had resulted in an overall rating of 4.5 out of five.

South Birmingham GP Walk-in Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a nurse specialist adviser.

Background to South Birmingham GP Walk-in Centre

The South Birmingham GP Walk-in Centre provider organisation is South Doc Services which is a GP co-operative based in South Birmingham.

The centre is located in a purpose-built health centre in Selly Oak, South Birmingham. The centre is visited by patients from the south Birmingham area, which has a population of around 300,000 people. 47% of patients in this area are from Black and Minority Ethnic (BME) groups compared with the England average of 20%.

The service opened in June 2009 and provides urgent care services between 8am and 8pm 365 days a year, including public holidays. The walk-in service is available to any patient who is entitled to receive NHS treatment in the UK, including those not currently registered with a GP. From 1 January to 31 December 2016 the service had seen 61,662 patients.

The premises is fully accessible to wheelchair users. It is served by the local bus network and there is accessible parking including dedicated disabled spaces.

The service employs a total of 78 staff which consists of 21 permanent staff, five bank staff and 52 sessional staff. All clinical staff working at the service are able to prescribe medicines (GPs or Advanced Nurse Practitioners). There is a minimum of two clinical prescribing staff on duty at any one time (one of which will always be a GP) up to a maximum of seven at busy periods, such as bank holidays. There are three or four clinical staff on duty at most times which includes a mix of female and male practitioners. All of the GPs who work at the service are also employed at local GP practices in the South Birmingham area. There are five consulting rooms available.

The clinical staff are supported by a Centre Manager, a Deputy Centre Manager, a Reception Manager, and a team of reception and administrative staff.

We previously inspected the centre during January 2014, and found recruitment processes did not ensure appropriate criminal records checks were undertaken to protect patients. At our inspection on 28 March 2017 we found that the service had carried out and recorded the findings of all recruitment checks, including criminal records checks.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was

Detailed findings

planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the service and asked other organisations such as the NHS Birmingham South and Central Clinical Commissioning Group to share what they knew. We carried out an announced visit on 28 March 2017. During our visit we:

- Spoke with a range of staff including GPs, nursing staff, centre management staff, the South Doc Services Performance, Training and Compliance Manager, and reception/administrative staff.
- Gathered feedback from patients who used the service by speaking with them directly and considering their views on comment cards left at the service before the inspection.

- Observed how patients were being cared for in the reception area and talked with carers and/or family members.
- Reviewed a sample of the personal care or treatment records of patients.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Please note that when referring to information throughout this report, this relates to the most recent information available to the CQC at that time. Quality Outcomes Framework (QOF) data was not applicable to the South Birmingham GP Walk-in Centre service location, which does not have patients registered for the service.

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform either the Centre Manager, Deputy Centre Manager or Performance, Training and Compliance Manager of any incidents. There was a recording form available to all staff on the service's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The service had recorded 27 significant events during the last 12 months. From the sample of six documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The service had carried out analysis of the significant events and findings were documented and shared with staff. We saw that incidents and significant events were logged and collated by the Centre Manager, who reported these to the South Doc Services Performance, Training and Compliance Manager for management and governance purposes. Findings were shared as part of ongoing clinical and full staff meetings. This included dedicated audit and significant event meetings that took place at least every six months.
- We reviewed patient safety alerts and saw the service had responded to these appropriately.
- We saw evidence that lessons were shared and action was taken to improve safety in the service. For example, following a prescribing error the service changed the approach to prescribing to include carrying out additional checks and reviewing patient allergies before taking any further action.

Overview of safety systems and processes

The service had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Separate adults and children safeguarding policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare and included decision-making flowcharts to aid staff. Staff could seek guidance from the centre managers who would in turn seek support from the Performance, Training and Compliance Manager if necessary.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. We saw evidence that all GPs and nurses had been trained to level three in safeguarding children. All other staff had received safeguarding children level one training. One of the GPs was the safeguarding lead and staff demonstrated they were aware of this. Guidance and support on safeguarding matters was also available from the Centre Manager and the Performance, Training and Compliance Manager
- Notices in the waiting room and all consulting rooms informed patients that chaperones were available if required. All staff who acted as chaperones were suitably trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The service monitored the use of chaperones and the recording of this through audits.

The service maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be visibly clean and tidy. There were cleaning schedules and monitoring systems in place.
- One of the nurses was the designated infection prevention and control (IPC) lead who liaised with the local infection prevention teams to keep up to date with

Are services safe?

best practice. There was an IPC policy which and all staff had received up to date training. Annual IPC audits were undertaken which included lessons learnt and action plans. We saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the service minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- Prescribing data was accessed by service staff to monitor appropriate prescribing.
- The service carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service did not prescribe medicines classed as high-risk, for example hypnotics and controlled medicines. If these medicines were needed, patients were referred back to their own GP. Hypnotics had previously occasionally been prescribed for terminal care patients, and the service had adequate procedures in place for this.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. All nurses working at the service had qualified as independent prescribers and could therefore prescribe medicines for specific clinical conditions. Nurses could access on site GP clinical support if required.

We previously inspected the centre during January 2014, and found recruitment processes did not ensure appropriate criminal records checks were undertaken to protect patients. At our inspection on 28 March 2017 we found that the service had carried out and recorded the findings of all recruitment checks for all permanent, bank and sessional staff including criminal records checks with the DBS. In addition the service checked proof of identity, evidence of appropriate professional registration, evidence of satisfactory conduct in previous employments in the form of references, qualifications, and registration with the appropriate professional body.

The service had a detailed recruitment checklist and we saw evidence that this was used consistently, and the outcomes of all recruitment checks carried out were logged.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- The service had a triage process whereby patients were seen according to clinical need, rather than arrival time. This included when patient presentation was observed to be deteriorating. Certain patients (such as children aged less than three months) were seen as a priority.
- The triage process set out situations that should be classified as an emergency (for example life-threatening situations, suspected stroke, suspected meningitis or chest pain), and also situations to be classed as an urgent priority (for example head injury, children in distress or acute burns).
- Reception staff had been trained to help prioritise cases on arrival and flowcharts were provided to aid them to do this. Clinical staff then carried out patient triage. Staff told us they had been trained to respond in the event of a patient emergency, for example informing clinical staff.
- There was a health and safety policy available.
- The service had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the premises. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was regularly checked and calibrated to ensure it was safe to use and was in good working order. All equipment was provided by the centre and GPs were not using their own equipment.
- The service had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of

Are services safe?

patients. There was a minimum of two clinical prescribing staff on duty at any one time (one of which was a GP) up to a maximum of seven at busy periods, such as bank holidays. There were three or four clinical staff on duty at most times. There was an on-call senior clinician available during centre opening times and there was also a South Doc Services Medical Director available to provide additional support if needed.

- The service maintained a list of clinicians who would be contacted to provide additional support at short notice, in the event of sudden increases in demand.

Arrangements to deal with emergencies and major incidents

The service had adequate arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in the reception area and all of the consultation rooms, which alerted staff to any emergency.

- All staff received annual basic life support training. There were emergency medicines available and staff were aware of their location.
- The service had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in secure areas of the centre and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The service had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Copies of the plan were kept off-site.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians demonstrated they were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The service had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Updates and alerts were logged on the service's computer system and staff were informed of these. The service carried out checks that staff has viewed and responded to updates and alerts.
- The service monitored that guidelines, updates and alerts were adhered by carrying out risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

There was evidence of performance management, quality monitoring and quality improvement taking place at the service, including audit.

- The service completed a monthly key performance indicator (KPI) report which involved a review of performance against targets. This included numbers of patients seen, patient waiting times, complaints or compliments received, significant events or incidents, responses to identified safeguarding concerns, and specific identified monthly tasks. This report was submitted to South Doc Services and discussed by centre staff with the aim of driving improvement. We saw that the service was currently meeting its agreed performance targets and had been doing so over the last two years.
- The service reviewed the appropriateness of triage decisions taken by reception or clinical staff and acted upon these findings.
- Searches on medicines usage were carried out, and individual prescribing data was monitored and reviewed. This had led to improvements in prescribing practice and reduced medicines use.

The service carried out audits on clinicians' practice:

- This included reviews of medical histories, the clinical examination, diagnosis and rationale, prescribing, outcomes, and consultation duration.
- Reviews of medicine prescribing for individual clinicians was carried out with the results logged and discussed.
- Antibiotics prescribing was monitored and considered for all clinicians. As a result the service provided evidence of compliance with local antibiotic prescribing policies.
- Individual findings were overseen by a senior GP and used as part of supervision and appraisal.
- Overall findings and themes were discussed at dedicated audit and significant event meetings that took place at least twice annually.
- The service was able to demonstrate quality improvement as a result of these audits.

The service provided performance data to the local Clinical Commissioning Group (CCG). This data, for example, indicated the number of patients who attended the centre by date, and waiting times. Data from 2015-16 showed that:

- From 1 January to 31 December 2016 the service had seen 61,662 patients. The service was contracted to see a minimum of 52,000 patients per year.
- The average waiting time for patients was 37 minutes, and 74% of patients were seen within one hour (98% within two hours).
- Average consultation time was 8 minutes.
- 69% of patients' cases were closed following consultation.
- 24% of patients were advised to follow up with their own GP.
- 5% of patients were referred to accident and emergency, acute hospital or dental services.
- 2% of patients left the centre before being seen.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The service had an induction programme for all newly appointed staff. This covered such topics as safeguarding, fire safety, health and safety, and confidentiality. The service required certain training to have been completed before employees started in post, for example basic life support and infection prevention and control.

Are services effective?

(for example, treatment is effective)

- The service could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the nurse practitioners had skills in the treatment care of patients with minor illness, and all clinical staff had received training on working with children.
- The service had an internal system to monitor and oversee all training and updates requirements for all staff, including all details of training required and dates due. We saw evidence that this system worked effectively, and correlated appropriately with training logs and staff files.
- The service was in the process of developing a bespoke automated training system which would link with human resources records and provide reports to help manage training scheduling and planning. Staff told us this was expected to be in place for September 2017.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of service needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, and clinical supervision. All permanent and sessional staff had received an appraisal within the last 12 months. There were suitable processes for managing sessional staff, for example all training details were logged as part of a database.
- All staff had received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system and their intranet system.

The service shared relevant information with the patient's GP and made calls to the GP when they found a patient required an urgent referral to other services, or referred them back to accident and emergency when appropriate to do so. We saw evidence that safeguarding information and information relating to those at risk was shared between the service, patients' own GPs and other agencies working as part of local safeguarding processes.

Staff ensured information was forwarded by clinical letter or shared electronic systems, which included when patients needed to be referred to their own GP or accident and emergency. We saw evidence that systems were in place to ensure details of consultations were sent to the practice where the patient was registered by 8am the next working day.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The service identified patients who may be in need of extra support and signposted them to relevant services. This included patients at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol use. Patients were signposted to the relevant service or were given patient information literature.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard from outside.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same gender.

Both Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the centre offered an efficient, helpful service and staff were caring and treated them with dignity and respect. We spoke with eight patients, who told us they were satisfied with the care provided by the service.

The service had a detailed patient dignity and respect policy which included consideration of staff behaviour, privacy, confidentiality, respect for values and beliefs, equality and diversity, provision of chaperones, and intimate care. Staff we spoke to were aware of the content of this policy and how to access it.

Reviews left on the NHS Choices website were almost all positive and highlighted positive aspects of care received.

Patients described receiving courteous, caring and sympathetic care. Staff showed us examples of feedback forms submitted during the last 12 months where positive comments had been received.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Children and young people were treated in an age-appropriate way and recognised as individuals.

The service provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language. Staff told us they would inform patients of this service if they thought it was necessary.
- Information leaflets about the service were available in easy read format and in a range of other languages.

Patient and carer support to cope emotionally with care and treatment

A variety of patient information leaflets and notices were available in the patient waiting area, which told patients how to access all relevant support groups and organisations.

We saw evidence that patients were signposted to local carers' organisations and bereavement counselling where appropriate.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

- The service had a triage process whereby patients were seen according to clinical need, and not just arrival time. This included when patient presentation was observed by staff to be deteriorating.
- Certain groups (such as children aged under three months and those patients with medical problems that required urgent care and treatment) were seen as a priority.
- The service offered longer consultations for patients with complex needs or with a learning disability. Staff told us appointments had lasted for up to 45 minutes when patients had needed a longer consultation.
- The service offered a 'healthy minds' walk-in service on Monday mornings for two hours, for patients with mental health needs. There was information relating to this in the service waiting area on the service's website. Staff told us these sessions were well attended by patients.
- There were accessible facilities, which included a portable hearing loop, and interpretation services available. The premises and facilities were fully accessible to wheelchair users.
- An additional private room and baby change facilities were available.

Access to the service

The centre was open between 8am and 8pm 365 days a year, including public holidays. The walk-in service was available to any patient who is entitled to receive NHS treatment in the UK, including those not currently NHS registered. Patients reported being happy with the care and treatment they had received on the day of the inspection.

In cases where the urgency of need was so great that it would be inappropriate for the patient to attend the

walk-in centre they attended accident and emergency, or alternative care arrangements were made. Clinical and non-clinical staff were aware of their emergency care responsibilities.

Reviews left on the NHS Choices website were almost all positive and highlighted how patients had been seen quickly.

Listening and learning from concerns and complaints

The service had a system for handling complaints, concerns and feedback from patients and family members or carers.

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The Centre Manager was the designated responsible person who handled all complaints in the service, supported by the Performance, Training and Compliance Manager.
- Patients were provided with a survey form when they arrived at the service and there was a comments box in the waiting room area.
- We saw that information was available to help patients understand the complaints system.

We looked at 24 complaints received in the last 12 months and found these had been dealt with in a timely way, with openness and transparency in dealing with the complaints. Complaints were sufficiently logged, including actions taken, lessons learnt and recommendations.

Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example additional training was provided to reception staff to communicate with patients on arrival, and clinical assessments were revised to further reflect General Medical Council good practice guidelines.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

The service had a statement of purpose, which clearly set out the aims and objectives. This stated the service should aim to provide exemplary care for patients, to enhance patient convenience, and to engage with service users to enhance services and user experience. There was also a mission statement which included providing first class and up-to-date healthcare, and to invest in staff development to deliver services.

Staff we spoke to were aware of the service's aims and objectives, and how they could contribute to them. For example, reception staff told us how they aimed to treat each patient to the best of their ability to help enhance the patients' experience at the service. Staff told us they were kept informed and involved in service developments through regular communication and meetings.

Governance arrangements

The service was subject to an overarching South Doc Services governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Service-specific policies were implemented and were made available to all staff. These were reviewed and updated regularly, with effective version control of documentation.
- Understanding of the performance of the service was maintained. Staff meetings were held monthly which provided an opportunity for staff to learn about the performance of the service.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks and issues, and implementing associated mitigating actions.
- We saw evidence of meetings that promoted lessons to be learned and shared following significant events, incidents and complaints.

Leadership and culture

On the day of the inspection the managers at the service demonstrated they had the experience, capacity and capability to run the service and deliver high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the managers were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. From the sample of 27 documented examples we reviewed we found that the service had systems to ensure that when things went wrong with care and treatment:

- The service gave affected people reasonable support, information and a verbal and written apology, where appropriate.
- The service kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure and staff felt supported by management.

- Staff told us the service held regular team and full staff meetings.
- Staff told us there was an open culture within the service and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes and actions resulting from meetings were comprehensive and were available for staff to view.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the service, and the managers encouraged all members of staff to identify opportunities to improve the services delivered

Seeking and acting on feedback from patients, the public and staff

The service encouraged and valued feedback from patients and staff. It proactively sought feedback from sources including:

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

- Patients through surveys and complaints or comments received.
- Comments and ratings made on the NHS Choices website.
- Staff through meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the service was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the service. Findings from

complaints, patient feedback, significant events, incidents and audits were shared and discussed. Actions were implemented to improve the service, for example staff support, supervision, and training needs were continually reviewed as a response to patient complaints.

We saw that the service was engaging and liaising effectively with GPs in the local area with the aim of supporting primary care in the region.

The service was in the process of developing a bespoke automated training system which would link with human resources records, and provide reports to help manage training scheduling and planning. Staff told us this was expected to be in place for September 2017.